INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Not for submission under 37 CFR 1.99)

| Application Number | | 10658929 | |
|------------------------|-----------|-------------------|--|
| Filing Date | | 2003-09-09 | |
| First Named Inventor | Kevin Lym | | |
| Art Unit | | 2423 | |
| Examiner Name | Mend | endoza, Junior O. | |
| Attorney Docket Number | | SONY-26100 | |

CERTIFICATION STATEMENT

| Please see 37 | 7 CFR 1.97 | and 1.98 | to make the | appropriate | selection(s): |
|---------------|------------|----------|-------------|-------------|---------------|
|---------------|------------|----------|-------------|-------------|---------------|

That each item of information contained in the information disclosure statement was first cited in any communication from a foreign patient office in a counterpart foreign application not more than three months prior to the filing of the information disclosure statement. Sea 37 CFF 1.97(e)(1).

OR

That no item of information contained in the information disclosure statement was cited in a communication from a deeping patent office in a counterpart foreign application, and, to the knowledge of the person signing the certification after making reasonable inquiry, no item of information contained in the information disclosure statement was known to item individual designated in 37 CFR 1.58(c) more than three months prior to the filing of the information disclosure statement. See 37 CFR 1.57(c).

- See attached certification statement.

 Fee set forth in 37 CFR 1.17 (p) has been submitted herewith.
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SIGNATURE

A signature of the applicant or representative is required in accordance with CFR 1.33, 10.18. Please see CFR 1.4(d) for the form of the signature.

| Signature | /Jonathan O. Owens/ | Date (YYYY-MM-DD) | 2011-04-14 | | | |
|------------|---------------------|---------------------|------------|--|--|--|
| Name/Print | Innethan O. Owens | Pegietration Number | 37 002 | | | |

This collection of information is required by 3T CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is for life railed by the USPTO to process) and application. Confidentiality is governed by \$5 U.S. C. 12.04 and 3T CFR 1.14. This collection is estimated to take 1 hour to complete, including gathering, preparing and submitting the completed application from the USPTO. Time will vary depending upon the individual case: Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Pleatert and Trademark Office, U.S. operatment of Commence, P.O. 8bx 1445, Alexandrin, V.S. 2311-1450, D.O. NOT SEND FEES OR COMPILETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. 8bx 1459, Alexandria, V.S. 2311-1450.

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The Privacy Act of 1974 (P. L. 95.79) requires that you be given certain information in connection with your submission of the attached form reliable to a patient application or patient. Accordingly, pursuant to the requirements of the Act, please be advised that: (1) the general authority for the collection of this information is 35 U.S.C. 2(b)(2); (2) famishing of the information solicide to inculturally, and (3) the principal purpuse for which the information is used by the U.S. Patient and Trademan Kolline is to process and/or oxomine your submission related to a patient application or patient. If you do not furnish the requested process and/or oxomine your submission related to a patient application or patient. If you do not furnish the requested required to the process of the private of the process of the private of the process of the process

The information provided by you in this form will be subject to the following routine uses:

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